

CERTIFICATE OF SERVICE

CONTRACTOR Firwell Co., Inc 3685 Broadway Buff 25, N.Y.		TO: (Major Air Command) SAC (DM8D) Offutt AFB, Nebr				
CONTRACT AF 33(600) 39203 EXHIBIT NO. 11		DATE OF CERTIFICATE 31 Mar 60				
1. NAME OF CTSP (Last, First, and MI) [REDACTED]		2. AF UNIT 4080 SW(L)				
4. VACATION TIME (Inclusive dates) THRU FOIAb3a None THRU		5. SICK TIME (Inclusive dates) THRU None THRU				
		3. PERIOD OF CERT (Inclusive dates) 1 Mar 60 THRU 31 Mar 60				
		6. CONTRACT HOLIDAYS None				
		7. BILLABLE DAYS 31				
8. AUTHORIZED OVERTIME HOURS WORKED						
DATE	TIME AND $\frac{1}{2}$	DOUBLE TIME	DATE	TIME AND $\frac{1}{2}$	DOUBLE TIME	
None						
9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED None						
10. TEMPORARY DUTY AWAY FROM HOME STATION (Enter hour and date of departure and return)						
DEPARTED	RETURNED	DEPARTED	RETURNED	DEPARTED	RETURNED	
N/A						
11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER (Including Taxicab, etc.)						
INCLUSIVE DATES	FROM		TO		MODE	COST
N/A THRU						
THRU						
THRU					*	*
12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL (Except on-base mileage)						
INCLUSIVE DATES	FROM		TO		TOLLS	MILES
N/A THRU						
THRU						
THRU						
THRU						
13. AUTHORIZED ON BASE MILEAGE BY PRIVATELY - OWNED CONVEYANCE: N/A MILES						
14. GOVERNMENT TRANSPORTATION REQUESTS USED						
DATE ISSUED	ISSUING AGENCY	FROM		TO		
N/A						
15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES: N/A						

16. IF THIS IS THE INITIAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT AND DATE OF DEPARTURE:
N/A DEPARTED (Place) ON (Date)

17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE:
N/A

18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM
N/A (Port) ON (Date)

19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT
N/A (Port) ON (Date)

20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons)
N/A

21. ADDITIONAL INFORMATION AND REMARKS:

None

22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief.

FOIAb3a

(Signature of CTSP)

23. CERTIFICATION: I certify that the services reported above were performed in a satisfactory manner, in accordance with authority, and that appropriate written orders have been issued or requested, with the following exceptions:

(If services were not satisfactory, complete written report has been prepared and forwarded.)

NAME	STATINTL	GRADE	
		LTCOL	
AFSN	ORGANIZATION		
35808A	4080SHW(L)		

INSTRUCTIONS FOR PREPARATION:

- Items not applicable will be indicated by N/A.
- The period covered by a certificate will not include more than one calendar month.
- ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract.
- ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)
- Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single-spaced as required. If additional space is needed, Item 21 may be used.
- Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.
- ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.

FOIAb3a